PTO/SB/22 (07-09)

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		TENSION OF TIME UNDER 3	n of information unless if displays a valid OMB control number. Docket Number (Optional)				
		FY 2010	NY-CHEMMT 206-US1-CONT				
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					nanannanassessessessessessessessessessessessesse		
Applicatio	n Number	10/830,181-Conf.	#7728	Filed	April 22, 2004		
For METHOD FOR APPLYING MANGANESE PHOSPHATE LAYERS							
Art Unit	1793			Examiner	L. L. Zheng		
This is a re	•	er the provisions of 37 CFR 1.136(a) to extend the peri	od for filing a reply in	n the above identified		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):							
r	٦	.D. (07 OFF 4 47(-)/4))	<u>Fee</u>	Small Entity Fe	_		
	 	onth (37 CFR 1.17(a)(1))	\$130	\$65	\$		
	-	onths (37 CFR 1.17(a)(2))	\$490	\$245	\$		
<u> </u>	Three n	nonths (37 CFR 1.17(a)(3))	\$1110	\$555	\$ 1,110.00		
	Four me	onths (37 CFR 1.17(a)(4))	\$1730	\$865	\$		
	Five mo	onths (37 CFR 1.17(a)(5))	\$2350	\$1175	\$		
Applicant claims small entity status. See 37 CFR 1.27.							
A check in the amount of the fee is enclosed.							
x Payment by credit card. Form PTO-2038 is attached.							
The Director has already been authorized to charge fees in this application to a Deposit Account.							
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to							
Deposit Account Number 50-0624							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
I am the applicant/inventor.							
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
	х	attorney or agent of record. Re	gistration Number	39,155	- Indiana de la		
		attorney or agent under 37 CFR	1.34.				
	loomool	Registration number if acting un			- 14 15		
		/James R. Crawford/		<u> </u>	47/10		
**************************************	Signature				Date		
		James R. Crawford	(212) 318-3148				
Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more							
	_	if the inventors or assignees of record of the equired, see below.	entire interest or their repre	esentative(s) are required.	Submit multiple forms if more		
	Total of	1 forms are subn	nitted.		00004330000000000000000000000000000000		

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Three Month Request for Ex	ttension of Time Under 37 CFR 1.136(a)
I hereby certify that this paper (along with any paper referred to as t	being attached or enclosed) is being filed electronically addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1	1450.
12 10 10	4 Mars Sh Mark
Dated / Signature	e: (Elleen Sheffield)
° * 1;	<i>l</i> /
e e	I hereby certify that this paper (along with any paper referred to as Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-